



STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION
CUSTOMER SERVICE SURVEY



THIS SURVEY IS NOT INTENDED TO BE NOR WILL IT BE ACCEPTED AS A REQUEST FOR A SMALL CLAIMS RE-HEARING.

MTT Docket Number <pre-filled>

Petitioner Name _____ Vs _____ Respondent Name _____
Hearing Date: _____ Hearing Referee name: _____

Complete the following sections by **circling** your response using the following legend:
1=Excellent 2= Satisfactory 3=Unsatisfactory 4=Not applicable

PRIOR TO YOUR HEARING

1. The Small Claims 3 part **form** that I completed was easily understood. 1 2 3 4
If you circled 3 please explain: _____
2. The Small Claims **Guide** was very helpful. 1 2 3 4
If you circled 3 please explain: _____
3. The Small Claims hearing **notice** was easily understood. 1 2 3 4
If you circled 3 please explain: _____

AT THE HEARING

4. The Hearing Referee treated me in a respectful manner. 1 2 3 4
If you circled 3 please explain: _____
5. The Hearing Referee clearly explained the hearing process. 1 2 3 4
If you circled 3 please explain: _____
6. The Hearing Referee demonstrated an understanding of the issue(s) in the case. 1 2 3 4
If you circled 3 please explain: _____

THE OPINION AND JUDGMENT

7. The Opinion and Judgment was clear and understandable. 1 2 3 4
If you circled 3 please explain: _____

STAFF CONTACTS

8. Contacts with Tribunal staff in person was courteous and professional. 1 2 3 4
If you circled 3 please explain: _____
9. Contacts with Tribunal staff by telephone have been courteous and professional. 1 2 3 4
If you circled 3 please explain: _____
10. Any questions that I had were clearly answered. 1 2 3 4
If you circled 3 please explain: _____
11. Letters that I have written to the Tribunal have been responded to quickly. 1 2 3 4
If you circled 3 please explain: _____
12. My telephone messages were returned within (excluding holidays & weekends) A B C D E F
A = Minutes B = Hours C = 1 day D = 2 days E = 3 or more days F = Not Applicable

Thank you for taking the time to evaluate the effectiveness of our services. If you would like to note anything that the hearing referee and/or tribunal staff did that was particularly helpful or you have additional comments or concerns, please include them below.

PLEASE MAIL THE COMPLETED SURVEY TO:

MICHIGAN TAX TRIBUNAL
Customer Survey/SC
PO BOX 30232
Lansing, MI 48909

MTTSurveySC 01/05/04 hgb